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AMENDED

Jamil Bradley			
Pebtor 1	Middle Name	Lasl Name	
Debtor 2 Spouse, if filing) First Name	Middle Name	Lest Name	
Inited States Bankruptcy Court for the:	District of New Jersey		
ase number 18-34070			Check if this is:
lf known)			An amended filing
			A supplement showing postpetition chapter income as of the following date:
fficial Form 106l	•:		MM / DD / YYYY
chedule I: You	ır Income		12/15
Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
Fill in your employment information. If you have more than one job,		Debtor 1	Debtor 2 or non-filing spouse
attach a separate page with	Employment status	Employed	☐ Employed
information about additional employers.	Employment status	Employed Not employed	Employed Not employed
information about additional			
information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student	Employment status Occupation	☐ Not employed	Not employed
information about additional employers. Include part-time, seasonal, or self-employed work.		□ Not employed Operator	Not employed
information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student	Occupation Employer's name	Operator Passaic Valley Sewage	Not employed
information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student	Occupation	Operator Passaic Valley Sewage Commission	Not employed
information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student	Occupation Employer's name	Operator Passaic Valley Sewage Commission 600 Wilson Avenue Number Street	Not employed
information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student	Occupation Employer's name	Operator Passaic Valley Sewage Commission 600 Wilson Avenue	Number Street
information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student	Occupation Employer's name	Operator Passaic Valley Sewage Commission 600 Wilson Avenue Number Street Newark, NJ 07106 City State ZIP Commission	Number Street
information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student	Occupation Employer's name Employer's address	Operator Passaic Valley Sewage Commission 600 Wilson Avenue Number Street Newark, NJ 07106 City State ZIP Commission	Number Street

For Debtor 1

\$ 10,426.30

10,426.30

0.00

For Debtor 2 or non-filing spouse

0.00

0.00

0.00

Schedule I: Your Income

2. **List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

Official Form 106l

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18-34070

AMENDED

Jamil Bradley

Case number (if known Debtor 1 First Name Middle Name Last Name For Debtor 1 For Debtor 2 or non-filing spouse s 10,426.30 0.00 Copy line 4 here...... 3 4. 5. List all payroll deductions: 0.00 2,379.43 5a. Tax, Medicare, and Social Security deductions 5a. 0.00 80.38 5b. 5b. Mandatory contributions for retirement plans 0.00 602.90 5c. Voluntary contributions for retirement plans 5c. 549.42 0.00 5d. Required repayments of retirement fund loans 5d. 0.00 986.40 5e. Insurance 5e. 0.00 0.00 5f. 5f. Domestic support obligations 0.00 0.00 5g. 5g. Union dues 5h. Other deductions. Specify: __ 0.00 81.25 5h. \$ 4,679.78 0.00 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. 0.00 5,746.52 7. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross 0.00 receipts, ordinary and necessary business expenses, and the total 0.00 8a. monthly net income. 0.00 0.00 8b. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce 0.00 0.00 8c. settlement, and property settlement. 0.00 0.00 8d. 8d. Unemployment compensation 0.00 0.00 8e. Social Security 8e. 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 0.00 0.00 8f. Specify: 0.00 0.00 8g. Pension or retirement income 8g. 0.00 0.00 8h. Other monthly income. Specify: 8h. 0.00 0.00 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 10. Calculate monthly income. Add line 7 + line 9. 5,746.52 5,746.52 0.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 11. **+** Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 5,746.52 Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? No. Yes. Explain:

Fill in this information to identify y	our case:			
Debtor 1 Jamil Bradley First Name Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the: Case number (If known) Lamil Bradley First Name 18-34070	Middle Name Last Name Middle Name Last Name District of New Jersey (S	A supp expens	ended filing	stpetition chapter 13 ng date:
Official Form 106J Schedule J: You	ir Evnansas			12/15
Be as complete and accurate as po information. If more space is neede (if known). Answer every question. Part 1: Describe Your House	ssible. If two married people are fili d, attach another sheet to this form	ng together, both are equally r . On the top of any additional	esponsible for supp pages, write your na	lying correct
1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a solution of the control of the contro	eparate household? e Official Form 106J-2, <i>Expenses for</i> S	eparate Household of Debtor 2.		
Do you have dependents? Do not list Debtor 1 and	No Yes. Fill out this information for	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Debtor 2. Do not state the dependents' names.	each dependent	MHIII HEE		No Yes
Do your expenses include expenses of people other than yourself and your dependents?	V No □ Yes			1000 1110 41
Part 2: Estimate Your Ongoin Estimate your expenses as of your expenses as of a date after the ban applicable date. Include expenses paid for with non such assistance and have included 4. The rental or home ownership eany rent for the ground or lot.	kruptcy is filed. If this is a suppleme- cash government assistance if you it on Schedule I: Your Income (Offi	ental <i>Schedule J</i> , check the bo I know the value of Icial Form 106l.)		orm and fill in the
If not included in line 4:			1000	0.00
4a. Real estate taxes	optorio inquironos		4a. \$	0.00
4b. Property, homeowner's, or re4c. Home maintenance, repair, a			4b. \$ 4c. \$	0.00
4c. Home maintenance, repair, a4d. Homeowner's association or			4d. \$	0.00

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Debtor 1 Jamil Bradley Case number (if known) 18-34070

			Your ex	penses
5. Additional mo	rtgage payments for your residence, such as home equity loans	5.	\$	0.00
6. Utilities:				
	v, heat, natural gas	6a.	\$	300.00
6b. Water, se	ewer, garbage collection	6b.	\$	30.00
6c. Telephor	e, cell phone, Internet, satellite, and cable services	6c.	\$	230.00
6d. Other. S	pecify:	6d.	\$	0.00
7. Food and ho	sekeeping supplies	7.	\$	500.00
8. Childcare and	children's education costs	8.	\$	0.00
9. Clothing, lau	ndry, and dry cleaning	9.	\$	220.00
10. Personal care	products and services	10.	\$	60.00
11. Medical and	ental expenses	11.	\$	0.00
12. Transportation	n. Include gas, maintenance, bus or train fare.		•	300.00
Do not include	car payments.	12.	\$	300.00
13. Entertainmer	t, clubs, recreation, newspapers, magazines, and books	13.	\$	120.00
14. Charitable co	ntributions and religious donations	14.	\$	0.00
15. Insurance. Do not include	insurance deducted from your pay or included in lines 4 or 20.			
15a. Life insu	ance	15a.	\$	100.00
15b. Health in	surance	15b.	\$	0.00
15c. Vehicle i	nsurance	15c.	\$	400.00
15d. Other ins	urance. Specify:	15d.	\$	0.00
	include taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
17. Installment o	lease payments:			
17a. Car payr	nents for Vehicle 1	17a.	\$	320.00
17b. Car payr	nents for Vehicle 2	17b.	\$	0.00
17c. Other. S	ecify:	17c.	\$	0.00
17d. Other. S	pecify:	17d.	\$	0.00
	ts of alimony, maintenance, and support that you did not report as deducted from ne 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$	0.00
19. Other payme	nts you make to support others who do not live with you.			
		19.	\$	0.00
20. Other real pro	perty expenses not included in lines 4 or 5 of this form or on Schedule I: Your Inco	ne.		
20a. Mortgage	s on other property	20a.	\$	0.00
20b. Real esta	te taxes	20b.	\$	0.00
20c. Property	homeowner's, or renter's insurance	20c.	\$	0.00
20d. Maintena	nce, repair, and upkeep expenses	20d.	\$	0.00
20e. Homeow	ner's association or condominium dues	20e.	\$	0.00

Debtor 1	Jamil Bradley Case number (# k First Name Middle Name Last Name	18- nown)	34070	
1. Other S	pecify:	21.	+\$	0.00
			+\$	
2. Calcula	e your monthly expenses.			
22a. Add	lines 4 through 21.	22a.	\$	4,248.00
22b. Cop	y line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a	22b.	\$	
and 22b.	The result is your monthly expenses.	22c.	\$	4,248.00
3. Calculate	your monthly net income.			5 740 50
	by line 12 (your combined monthly income) from Schedule I.	23a.	\$	5,746.52
23b. Cop	by your monthly expenses from line 22c above.	23b.	-\$	4,248.00
	otract your monthly expenses from your monthly income. result is your monthly net income.	23c.	\$	1,498.52
	xpect an increase or decrease in your expenses within the year after you file this form?		-	
	ple, do you expect to finish paying for your car loan within the year or do you expect your payment to increase or decrease because of a modification to the terms of your mortgage?			
V No.	No. of the control of			
Yes.	Explain here:			

States Bankrupitcy Court for the District of New Jersey number 18-34070 en)	Check if this is an amended filing
fficial Form 106Dec eclaration About an Individual Debtor's Schedule:	S 12/15
a must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, c wining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or im- rs, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below	orisonment for up to 20
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Attach Bankruptcy Petition Preparet's Notice, Signature (Official Form 119).	Declaration, and
Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and	
Spinature of Deblor 1	
Sonature of Deblor 1 Date 04/14/2023 Date	

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Fill in this information to identify your case:					
Debtor 1	Jamil	Bradley			
200.01	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the: District of New Jersey					
Case number	18-3 (If known)	4070		@ B	

Ī	Check if this is a	an
	amended filing	

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

	Your assets Value of what you own
Schedule A/B: Property (Official Form 106A/B)	\$200,000.00
1a. Copy line 55, Total real estate, from Schedule A/B	
1b. Copy line 62, Total personal property, from Schedule A/B	. \$ <u>11,711.00</u>
1c. Copy line 63, Total of all property on Schedule A/B	\$ <u>211,711.00</u>
art 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$ <u>202,240.00</u>
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$ <u>0.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$23,389.00
Your total liabilities	\$ <u>225,629.00</u>
art 3: Summarize Your Income and Expenses	
. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$ <u>5,746.52</u>
Schedule J: Your Expenses (Official Form 106J)	
Copy your monthly expenses from line 22c of Schedule J	\$ <u>4,248.00</u>

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Dol	otor 1	Jamil Bradley	18-34070 Case number (#known)		
De	JULI I	First Name Middle Name Last Name	ise Indition (ii known)		
Pa	ort 4:	Answer These Questions for Administrative and Statistical Records)		
6.	Are you	filling for bankruptcy under Chapters 7, 11, or 13?			
	☐ No. Yes	ou have nothing to report on this part of the form. Check this box and submit this for	orm to the court with your other schedules.		
7.	What kin	d of debt do you have?			
		debts are primarily consumer debts. Consumer debts are those "incurred by any, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose.			
		debts are not primarily consumer debts. You have nothing to report on this parorm to the court with your other schedules.	t of the form. Check this box and submit		
8.		e Statement of Your Current Monthly Income: Copy your total current monthly in 2A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	scome from Official \$		
9.	Copy the	following special categories of claims from Part 4, line 6 of Schedule E/F:	Total claim		
	From F	Part 4 on Schedule E/F, copy the following:			
	9a. Dom	estic support obligations (Copy line 6a.)	\$		
	9b. Taxes	s and certain other debts you owe the government. (Copy line 6b.)	\$		
	9c. Claim	s for death or personal injury while you were intoxicated. (Copy line 6c.)	\$		
	9d, Stude	ent loans. (Copy line 6f.)	\$		
	9e. Oblig priori	ations arising out of a separation agreement or divorce that you did not report as y claims. (Copy line 6g.)	\$		
	9f. Debts	s to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$0.00		
	9g. Total	. Add lines 9a through 9f.	\$0.00		